



ACKNOWLEDGEMENTS

Public Health Services Principal Planners

Wilma Wooten, MD, MPH, Public Health Officer,
PHS Administration

Sayone Thihalolipavan, Deputy Public Health
Officer, PHS Administration

Elizabeth Hernandez, Assistant Public Health
Officer, PHS Administration

Eric McDonald, MD, MPH, Medical Director,
Epidemiology and Immunization Services Branch

Karen Waters-Montijo, Chief, Epidemiology and
Immunization Services Branch

Andy Parr, Emergency Medical Services (EMS)
Administrator, EMS, Medical Care Services
Division

Catherine Blaser, Public Health Nurse
Supervisor, PHPR

Patrick K. Buttron, EMS Coordinator, PHPR

Donna Johnson, EMS Specialist, PHPR

Melissa Dredge, Health Information Specialist II,
PHPR

Brett Austin, Director, Public Health Laboratory,
PHS

Syreeta Steele, Assistant Director, Public Health
Laboratory, PHS

Jeff Johnson, Senior Epidemiologist, PHS,
Epidemiology and Immunizations Services Branch

Annie Kao, Senior Epidemiologist, PHS,
Epidemiology and Immunizations Services Branch

Jackie Werth, Performance Improvement
Manager, HHSA

Bruce Coon, Public Health Nurse Manager, HHSA
Nursing Administration, Medical Care Services Division

Melissa Thun, Public Health
Nurse Supervisor, PHS, Epidemiology
and Immunizations Services Branch

Justine Kozo, Chief, Public Health
Services/Border Health

Craig Sturak, Group Communications Officer,
Health & Human Services Agency

Denise Foster, Chief Nursing Officer,
HHSA Nursing Administration,
Medical Care Services Division

Bruce Even, Supervising Health
Information Specialist, PHS Administration

Todd Burton, REHS,
Department of Environmental Health,
Hazardous Materials Division

Operational Area Emergency Operations Plan SEPTEMBER 2018

EXECUTIVE SUMMARY

Annex E describes the roles and responsibilities of partners in the San Diego County Operational Area in supporting emergency public health operations. This includes collaborating to prevent epidemics and the spread of disease, prevent injuries, promote and encourage healthy behaviors, protect against environmental hazards, respond to and managing disasters, and assure the quality and accessibility of public health services throughout the Operational Area.

TABLE OF CONTENTS

General	1
Concept of Operations	5
Organization and Assignment of Responsibilities	7
Direction, Control or Coordination	23
Information Collection and Dissemination	26
Communications	26
Annex Development and Maintenance	28
Authorities and References	28
Appendix	33

GENERAL

INTRODUCTION

The Public Health Operations Annex (Annex-E) to the San Diego County Operational Area Emergency Operations Plan (OA EOP) describes the basic concepts, policies, and procedures for providing public health services in the event of any emergency or disaster. Organizationally, these services are provided under the coordination of the County of San Diego Health and Human Services Agency (HHS), including the Public Health Services (PHS)



department, as well as other County divisions and departments. This annex serves as the unifying public health document for the San Diego County Operational Area (OA).

Disasters in California often have public health and medical impacts. Many organizations, both public and private, contribute to a system that must be prepared to successfully respond to the public health and medical consequences of disasters.

Effective disaster response is served by having a public health and medical system that uses common operating procedures that are well understood and used by organizations involved in the response. The complexity of disasters has led to increased interaction among many public health, environmental health, and medical functions. This interaction has driven the need for a coordinated system that articulates common procedures across functional components of the public health and medical system.

This annex builds upon, and incorporates the use of, the [California Public Health and Medical Emergency Operations Manual \(EOM\)](#), and incorporates the use of the California Standardized Emergency Management System (SEMS), the National Incident Management System (NIMS), the Incident Command System (ICS), and the role of key participants in the Public Health and Medical System during emergencies. It supports the development of California Emergency Support Function-8 (ESF-8) and the Federal Emergency Support Function (ESF-8) Public Health and Medical Services plans.

PURPOSE

The purpose of Annex E is to describe emergency public health operations (including planning, response and operations), assign responsibilities, and provide actions and responses to public health problems associated with emergencies or disasters.

Public Health Services will follow activities and operations, as listed under state of California ESF-8 and Federal ESF-8, in response to a public health and/or medical disaster, or potential incident requiring communication and coordination with state and federal response agencies.

SCOPE

PHS AND OTHER COUNTY PARTNERS COLLABORATE TO PREVENT EPIDEMICS AND THE SPREAD OF DISEASE, PREVENT INJURIES, PROMOTE AND ENCOURAGE HEALTHY BEHAVIORS, PROTECT AGAINST ENVIRONMENTAL HAZARDS, MANAGE DISASTERS AND ASSIST COMMUNITIES IN RECOVERY, AND ASSURE THE QUALITY AND ACCESSIBILITY OF HEALTH SERVICES THROUGHOUT THE OA.

Public health and medical services include responding to needs of all individuals in a culturally competent manner – regardless of disability, age, access, or functional need -- as described in the Pandemic and All-Hazards Preparedness Act and in the National Response Framework (NRF). Individuals with disabilities and others with access and functional needs are defined throughout the OA EOP as individuals requiring additional needs before, during and after an incident in functional areas, including but not limited to: maintaining independence, communication, transportation, supervision, and medical care.

Public health personnel participate in a wide spectrum of activities involving public health, environmental health, behavioral health, emergency medical services, and health care delivery. Other EOP annexes address these subject areas in detail: **Annex B – Fire and Rescue Operations**, **Annex D – Mass Casualty Incident Operations**, **Annex H – Environmental Health Operations**, and **Annex M – Behavioral Health Operations**.

HEALTH AND HUMAN SERVICES AGENCY (HHSA)

The Health and Human Services Agency takes the lead on a number of the public health and medical activities mentioned below and discussed further in this document.

- Communicable Disease
 - Epidemiology and surveillance
 - Investigations
 - Medical countermeasures

- Emergency Medical Services
 - Emergency licensure and resolution of licensing issues
 - 911 and dispatch centers
 - Prehospital, hospital and trauma systems
 - Patient movement, evacuation, distribution and tracking
 - Field disaster services (e.g., ambulance strike teams)
- Patient Care
 - Continuity of services
 - Surge capacity for healthcare system
 - Emergency Licensure and resolution of licensing Issues (i.e., alternate care site)
- Public Health Laboratory
 - Surveillance
 - Testing and Reporting
 - Laboratory Surge
- Public Health Preparedness & Response
 - Medical & health disaster planning and response operations
 - Medical Health Operational Area Coordination (MHOAC program)
 - Strategic National Stockpile/Cities Readiness Initiative (SNS/CRI) & medical countermeasures
 - Medical Reserve Corps (MRC) healthcare volunteers and personnel resource management
 - Emergency Support Function-8 (ESF-8) Federal
 - Emergency Support Function-8 (ESF-8) State
 - Medical Support to general Population Shelters in Coordination with the Care and Shelter ESF-6
 - Medical Surge, including Facility Expansion and government-authorized Alternate Care Sites (ACS)
- Public Information
 - Accessible public information and culturally competent risk communications relative to health and medical issues (see **Annex L – Emergency Public Information**)
- Vital Records
- Worker Health and Safety



SERVICES PROVIDED BY STATE OR OTHER COUNTY DEPARTMENTS:

- Communicable disease surveillance and response
 - Zoonotic veterinary disease surveillance
- Drinking water
- Food and agricultural safety and security
 - Foodborne epidemiology
 - Product trace-backs
- Hazardous materials relative to public health and safety
- Healthcare facility safety
- Mass fatality management
- Medical waste management
- Public information and risk communications relative to health and medical issues
- Pharmaceutical and non-pharmaceutical supplies
- Vector control
- Wastewater and solid waste disposal

GOALS AND OBJECTIVES

The overall goal of emergency/disaster public health operations is to minimize loss of life and human suffering, prevent disease, promote optimum health for the population, and protect the public's health. This will be accomplished by planning for public health factors that affect human health and by providing leadership and guidance in emergency/disaster public health-related activities.

The overall objectives of emergency/disaster public health operations are to:

- Provide preventive health services and control disease outbreaks.
- Conduct rapid disease surveillance activities.
- Issue public health advisories (e.g., water, air, food, soil).
- Respond to public health related incidents/events, including policy and guidance on intervention and remediation.
- Coordinate health-related activities among other local public and private response agencies or groups.
- Develop and execute recovery plans; assist in Operational Area recovery planning.
- Establish procedures for activation and termination of this annex.

WHOLE COMMUNITY APPROACH

The San Diego Operational Area is committed to achieving and fostering a whole community emergency management system that is fully inclusive of individuals with disabilities and others with access and functional needs. For further details on our whole community approach to emergency management, which includes the integration of inclusive emergency management practices, refer to the EOP Basic Plan.

CONCEPT OF OPERATIONS



Photo by Susan Murphy for KPBS

The County of San Diego is structured into five organizational groups: Community Services Group, Finance & General Government Group, Land Use and Environmental Group (LUEG), Health and Human Services Agency (HHSA), and Public Safety Group (PSG). LUEG and HHSA are responsible for the mitigation, preparedness, response to and recovery from health/medical and environmental emergencies or disasters.

The County of San Diego Department of Environmental Health (DEH) is part of the LUEG group, separate from HHSA, but works closely with HHSA and communicates with the Public Health Officer (PHO) and other key health officials when there is a potential or actual impact to public health, related to water, air, food, soil or other environmental factors.

When an incident such as a public health emergency or disaster occurs, HHSA supports the Operational Area (OA) response by working to protect against further hazards, preventing injuries, responding to the disaster in a coordinated effort, and assisting communities in recovery to assure the quality and accessibility of health services throughout the county. A number of internal plans are used to address a series of issues.

COORDINATION

HHSA is designated as the local public health department, with Public Health Services (PHS) responsible for core public health functions of assessment, policy development, and assurance. Other departments that contribute to public health efforts include Regional Operations Medical Care Services (MCS), and the LUEG Department of Environmental Health, as well as Behavioral Health Services (BHS) and Aging and Independence Services (AIS). In support of the OA response, HHSA (principally PHS and MCS) may send staff to assist at the OA EOC and fill positions in the Medical & Health Branch and Care and Shelter Branch. HHSA staff (principally PHS and MCS) also fill positions at the EMS/PH Departmental Operations Center (DOC) [MOC].

HHSA is responsible for coordinating measures to protect the public's health prior to, during, and following a health emergency or disaster. PHS activities, described in the California Health and Safety Code, include the following: communicable disease control (reportable infectious diseases), immunization program, maternal, child, & family health, vital records, environmental surveillance, laboratory services, and public health nursing.



Photo by Adriana Heldiz for California Free Press

While generally open and staffed whenever the OA EOC is activated, the HHSA DOC may be activated independently for events that are localized or primarily HHSA-related events. The HHSA DOC is typically activated for “recovery activities,” as part of the agency Continuity of Operations Plan (COOP) activities.

Public Health Preparedness and Response (PHPR), under Public Health Services, is responsible for disaster medical response coordination between OA EOC and healthcare providers within the San Diego County and the State. HHSA is designated to be the Local Emergency Medical Services Agency (LEMSA). Within the LEMSA, EMS is responsible for the ongoing oversight of the pre-hospital response system (Emergency Medical Technician (EMT) and Paramedic certifications), including pre-hospital medical direction. As the LEMSA, HHSA and primarily EMS coordinates with emergency medical responders and first receivers (i.e., personnel based at hospitals and other medical facilities) to ensure efficient and effective management of emergency situations including disasters. The EMS/PH DOC (i.e., MOC) is primarily responsible for health and medical response operations, activities, coordination and communications.

Within the public health and medical systems, coordinating functions exist at the level of the OA, Mutual Aid Region, and State. The Medical Health Operational Area Coordinator (MHOAC) program coordinates the functions identified in statute within the Mutual Aid Region, [Regional Disaster Medical Health Coordinator \(RDMHC\)](#) program.

The Behavioral Health Services department of HHSA provides services under three major categories: Inpatient Mental Health Services, Outpatient Mental Health Services and Substance Use Disorder Services. The core functions of BHS programs are as follows:

- Inpatient services are available at the San Diego County Psychiatric Hospital (SDCPH), while long-term care services are available at Edgemoor Skilled Nursing facility.
- BHS contracts with organizational providers that include recovery services.

A detailed description of BHS services can be found in Annex-M: Behavioral Health Services Operations.

STATE MUTUAL AID

The State of California is divided into six mutual aid regions. The San Diego County OA is located in Region VI, which also includes the counties of Inyo, Mono, San Bernardino, Riverside, and Imperial. In the event local public health/medical resources are unable to meet the needs within the OA, assistance from the neighboring jurisdictions may be requested. This process is done through the local Medical Health Operational Area Coordinator (MHOAC) program working with the Regional Disaster Medical Health Coordinator (RDMHC) who coordinates with the California Department of Public Health (CDPH) and the State of California Emergency Medical Services Authority (EMSA). The California Office of Emergency Services (Cal OES) regional office may also be notified to assist in this process.

The RDMHC communicates and coordinates the provision of medical and public health resources through the local MHOAC.

Emergency/disaster public health requests are consolidated at the OA and provided to the RDMHC in order to:

- Coordinate the acquisition and allocation of critical public and private medical and public health resources required to support emergency/disaster medical operations.
- Coordinate medical resources in unaffected counties in the Region for acceptance of casualties.

ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES



In accordance with the principles of SEMS, ICS, and NIMS, the response to an emergency or disaster is managed at the lowest level possible. Accordingly, local government has the primary responsibility for the response to an emergency or disaster. HHSA is responsible for public health and emergency medical response within the OA.

PHS, directed by the Public Health Officer, is the HHSA department responsible for providing public health services during the response and recovery phases of a public health emergency, or disaster, as well as the Medical Health Operational Area Coordinator (MHOAC) contact, medical emergency response, and logistics support during a public health emergency or disaster. EMS is a separate branch within the Medical Care Services (MCS) Division within HHSA. HHSA operations support the Federal priorities of public health and medical services and emergency mass care and shelter as described in the following two documents:

- [Emergency Support Function \(ESF\) #8](#): Public Health and Medical Services and
- [Emergency Support Function #6](#): Mass Care, Housing and Human Services.

MEDICAL HEALTH OPERATIONAL AREA COORDINATION

The MHOAC program is based on the functional activities described in [California Health and Safety Code 1797.153](#). County of San Diego MHOAC is the primary point of contact for the MHOAC program and liaisons with the Regional Disaster Medical Health Coordinator (RDMHC).

THE MHOAC, OR DESIGNEE, IS ASSIGNED TO THE EMS MEDICAL HEALTH BRANCH OF THE OA EOC OPERATIONS SECTION.

The MHOAC program touches a number of departments and divisions, some with functions outside of HHSA. The County's plans related to medical and health functions include

preparedness, response, recovery, and mitigation functions, in accordance with the State Emergency Plan (SEP), as established under [Sections 8559 and 8560](#) of the Government Code. At a minimum, the County medical and health disaster plan(s) and policy and procedures include the following:

- Assessment of immediate medical needs
- Coordination of disaster medical and health resources
- Coordination of patient distribution and medical evaluation
- Coordination with inpatient and emergency care providers
- Coordination of out-of-hospital medical care providers
- Coordination and integration with fire agency personnel, resources, and emergency fire pre-hospital medical services
- Coordination of providers of non-fire based pre-hospital emergency medical services
- Coordination of the establishment of temporary field treatment sites
- Health surveillance and epidemiological analyses of community health status
- Assurance of food safety
- Management of exposure to hazardous agents
- Provision or coordination of mental health services
- Provision of medical and health public information protective action recommendations
- Provision or coordination of vector control services
- Assurance of drinking water safety
- Assurance of the safe management of liquid, solid, and hazardous wastes
- Investigation and control of communicable disease

The MHOAC, a position filled by PHPR staff, may assist with the communications and coordination of medical and health resources within the OA. The MHOAC serves as OA point of contact for coordination with the Local Emergency Medical Services Authority (LEMSA), Local Health Department (LHD), County Department of Environmental Health (DEH), BHS, RDMHC program, California Department of Public Health (CDPH), State of California Emergency Medical Services Authority (EMSA), and Cal OES.

DEPARTMENT OF ENVIRONMENTAL HEALTH AND MEDICAL HEALTH OPERATIONAL AREA COORDINATION

Under an existing memorandum of agreement, DEH supports the following MHOAC program functions related to preparedness, response, recovery, and mitigation. These include: assurance of food safety, management of exposure to hazardous agents, provision or coordination of vector control services, assurance of drinking water safety, assurance of the safe management of liquid, solid, and hazardous wastes. This support is provided through routine departmental functions outlined below (see DEH). In 2017, all DEH staff received the Awareness or Operations level training of Environmental Health Training in Emergency Response (EHTER). EHTER is recognized by FEMA and CDPH as essential preparedness training to assist during response and recovery functions.

CITY EMERGENCY OPERATIONS CENTER

When a city EOC is activated for a localized emergency/disaster that may threaten or endanger the public health, the city may request a public health consultation. This request may be made by notifying the on-duty officer for Epidemiology and Immunization Services, EMS/PHPR, and/or DEH. Likewise, the County EOC or Emergency Medical Services/Public Health (EMS/PH) Departmental Operation Center (DOC) (i.e., MOC) may designate a liaison to provide guidance or direction to city EOCs, or designees, in the event of a public health emergency.

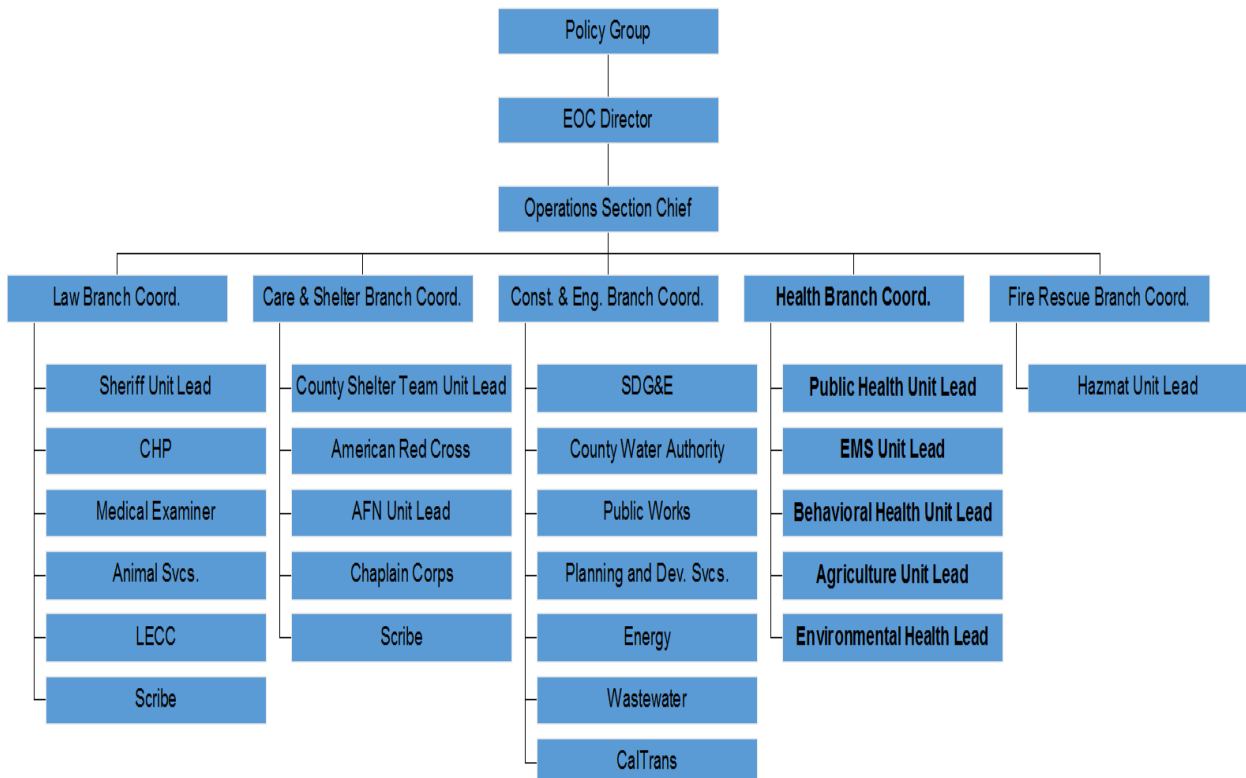
OPERATIONAL AREA EMERGENCY OPERATIONS CENTER

The OA EOC serves the entire OA, including the 18 cities, military bases, and special districts, with the Chief Administrative Officer (CAO) serving as Director of Emergency Services for the unincorporated area, and Coordinator of Emergency Services for the incorporated areas.

The Health Branch of the OA EOC is activated based on operational need. It is staffed by pre-designated personnel, from Public Health Services, Emergency Medical Services, Behavioral Health Services, and DEH, and coordinates the public health and medical emergency response for the OA. The OA EOC Health Branch staff members serve as advisors to the Director/Coordinator of Emergency Services for the unincorporated areas, and make decisions about resource allocation, priorities, and other public health matters.

Additional members of the Health Branch may be physically located at an alternate site, the EMS/PH DOC (i.e., MOC), maintaining constant communication with the OA EOC Health Branch Coordinator.

The following HHSA personnel may staff the OA EOC:



POLICY GROUP

- Director, HHSA (or designee) reports to the Director/Coordinator of Emergency Services and is responsible for long-range planning and policy decisions
- The Public Health Officer (PHO), or designee, reports to the HHSA Director, and is responsible for the overall management of Public Health within the OA. The PHO, in consultation with the Director of HHSA, makes policy decisions related to emergency/disaster health services

OPERATIONS SECTION

Health & Medical Branch:

- The **Health Branch Coordinator** position within the OA EOC is filled by the EMS Administrator, EMS or Chief, PHPR (or designees) and/or the MHOAC. This position reports to the Operations Section Chief and is responsible for overall coordination of health and medical care operations and providing health and medical services expertise required in the OA.
- The **Public Health Unit Leader** is filled by a representative from HHSA and is responsible for coordinating disaster public health operations throughout the OA. This position reports to the Health Branch Coordinator.
- The **EMS Unit Leader** is assigned to the OA EOC by HHSA and MCS/ EMS. The EMS Unit Leader is responsible for the management and needs assessment of County EMS units and hospitals, and clinics located in the OA. This position reports to the Health Branch Coordinator.
- The **Behavioral Health Unit Leader** is assigned to the OA EOC by BHS. The Behavioral Health Unit Leader is responsible for the safety and well-being of Behavioral Health clients and the provision of critical incident stress de-briefing and crisis intervention services to emergency workers, OA EOC staff and the general public during and after an emergency. This position reports to the Health Branch Coordinator.

Care and Shelter Branch (also see Annex-G: Care & Shelter)

- The **Care and Shelter Branch Coordinator** is filled by staff from HHSA and reports to the Operations Section Chief. This position is responsible for overall coordination of care and shelter activities.
- The **Access and Functional Needs (AFN) Unit Leader** is filled by HHSA Department of Human Resources (DHR) and reports to the Care and Shelter Branch Coordinator. This position coordinates with local government and the Care and Shelter Branch Coordinator to ensure specialized services and resources are provided as required for people with disabilities and others with access and functional needs.
- The **County Shelter Unit Leader** is filled by staff from HHSA and reports to the Care and Shelter Branch Coordinator. This position coordinates care and shelter activities

for government-run shelters and assists the Care and Shelter Branch Coordinator in the event that County-operated shelters are not open.

Other Operations Positions

- The **HHSA Public Information Officer** is assigned to the Joint Information Center (JIC) at the OA EOC.
- Other Operations Section positions may be assigned by HHSA and PHS. These pre-designated staff will report to the OA EOC and fill a variety of positions to support activities in the Operations Section. These positions will report to the Operations Section Chief.

EMS/PUBLIC HEALTH DEPARTMENTAL OPERATIONS CENTER, ALSO KNOWN AS THE MEDICAL OPERATIONS CENTER

The EMS/Public Health DOC (MOC) coordinates operational disaster medical activities during a disaster; provides logistics support during a public health emergency; and communicates with, and places resource requests through, the OA EOC Health and Medical Branch.

The EMS/PH DOC (i.e., MOC) serves as a support and procurement entity for health & medical supplies to the County OA EOC or HHSA DOC during a public health emergency. EMS/PH DOC (i.e., MOC) is the primary coordinator for hospital and clinic information exchange, resource requests, logistics and tactical operations.

While generally open and staffed whenever the OA EOC is activated, the EMS/PH DOC (MOC) may also be activated independently for emergency/disasters that are localized, low level emergencies or for events primarily public health-related. In addition to the EMS/PH staff, agency, and community members, the following are PHS staff positions that may have liaisons in the EMS/PH DOC (i.e., MOC), based on the event and situation:

- **Chief Nursing Officer**, or designee, coordinates the activities and deployment of PHS nursing staff;
- **Epidemiology and Immunization Services Medical Director**, or designee, coordinates surveillance and case investigation activities;
- **Public Information Officer (PIO)** coordinates information from the EMS/PH DOC (i.e., MOC) to the Joint Information Center (JIC), at the OA EOC; and
- PHS and MCS staff members fill positions to support the health-related needs and activities of the OA EOC and EMS/PH DOC (i.e., MOC).

Staff may be assigned to fill a variety of required roles/positions within Operations, Finance, Planning, and Logistics.

HHSA DEPARTMENTAL OPERATIONS CENTER

The HHSA DOC is involved in the mitigation, coordination, and recovery from a disaster or emergency event. The HHSA DOC has primary responsibility for HHSA Continuity of Operations Plan (COOP). The HHSA DOC may also be activated independently for emergency/disasters that are primarily HHSA related events.

The HHSA DOC is typically activated for disaster or emergency events for COOP activation and during recovery activities. The following are staff positions in the HHSA DOC:

- **HHSA Chief Operations Officer** position is generally filled by an Executive Staff member. This position coordinates the activities of the HHSA DOC.
- **HHSA Chief Financial Officer** (or designee) coordinates aspects of HHSA financial documentation related to the event.
- **HHSA Human Resources Representative** coordinates with the OA EOC and EMS/Public Health DOC (MOC) for support to manage Disaster Service Worker (DSW) deployment.
- The **PIO** provides support for public information activities and drafts communications for the HHSA DOC. When the OA EOC JIC is activated the PIO provides support and coordination of information to the HHSA DOC from the OA EOC.
- Other HHSA representatives may be assigned to the HHSA DOC from the following programs: AIS, PHS, MCS, BHS, and the HHSA Regions.

ASSIGNMENT OF RESPONSIBILITIES

The CDPH is the lead State agency for what the National Response Framework (NRF) calls ESF-8: Public Health & Medical Services, as well as a supporting agency for ESF-6: Mass Care, Emergency Assistance, Housing, and Human Services. HHSA is the public health agency for the County and coordinates County health, medical and human services assets in the event of a public health emergency or major natural or man-made disaster.



To accomplish its mission, the County of San Diego integrates DEH and PHS, which are in separate County business groups. HHSA utilizes a public – private partnership with respect to health and medical services and engages many sectors of the community to promote health and disaster preparedness and to provide services. HHSA and DEH provide representatives to the Health & Medical Branch of the OA EOC.

HHSA Departments and Divisions provide coordination and services for the following general areas:

- Biological agent identification and laboratory diagnostics.
- Disease surveillance and outbreak management.
- Disease prevention and mass prophylaxis.
- Emergency medical services and medical transport.
- Healthcare facilities and alternative (surge) care sites (ACS).
- Mass fatality and death certificates. (See **Annex F – Medical Examiner Operations**).
- Pharmaceuticals and strategic national stockpile (SNS) reception and distribution.
- Environmental laboratory diagnostics.
- Food quality and protection – limited testing for identification (no disposal).
- Behavioral Health (See **Annex M – Behavioral Health Operations**).

-
- Eligibility Operations (i.e., Medicaid, Disaster Food Stamps) and Unmet Needs Assistance, as appropriate.
 - Coordinating timely and appropriate support to individuals with disabilities and others with access and functional needs.

THE FOLLOWING ARE FUNCTIONS BY DEPARTMENT, BRANCH, OR PROGRAM:

COUNTY OF SAN DIEGO HHSA PHS

PHS ADMINISTRATION

- Supports implementation and maintenance of PHS functions routinely and during public health emergencies.
- Provides guidance to other jurisdictions within the OA in response to a public health or medical emergency.
- Develops and participates in communication to the public for a public health emergency.
- Edits/updates the Public Health Operations Annex (Annex-E) of the OA EOP and any other emergency public health plans and procedures.
- Assists with coordination of public health operations within the OA.
- Supports the procurement of public health staff and resources required to support emergency/disaster public health operations.
- Develops and maintains a capability for identifying public health resources within the OA.
- Disseminates information vital to the emergency response efforts of disasters (including bioterrorism) via California Health Alert Network (CAHAN) alerts to local health care and public safety professionals.

PUBLIC HEALTH PREPAREDNESS AND RESPONSE

- Edits/updates the Public Health Operations Annex (Annex-E) of the OA EOP and any other emergency public health plans and procedures.
- Coordinates emergency/disaster/emergency public health operations within the OA.
- Coordinates the procurement, allocation and distribution of public health resources required to support emergency/disaster public health operations.
- MHOAC communicates, coordinates with the Region VI - Regional Disaster Medical Health Coordinator (RDMHC) or specialist as needed and responds to Medical/Health activities within the local area and other MHOAC functions as dictated under the California Public Health and Medical Emergency Operations Manual (EOM).
- Develops and maintains a capability for identifying public health resources within the OA.
- Coordinates public health-related activities among other local public and private response agencies or groups, as well as state and federal agencies.
- Coordinates, in collaboration with the Care and Shelter Branch, the County Disaster Response Assessment Team(s) (DRAT) and deploys the trained team to assess

-
- potential or current shelters for medical resource needs and/or other specialized services for people with disabilities or other access and functional needs.
- Activates and assists in staffing the EMS/PH Departmental Operations Center (DOC) [MOC].
 - Coordinates the deployment of DSWs from the Medical Reserve Corp (MRC) to response.
 - Provides Health and Medical Coordination:
 - LHD is mandated to coordinate, plan and administer an emergency response to public health threats and to secure, compile and disseminate information concerning the prevention and control of epidemics and conditions affecting or endangering the public health. LHD responsibilities include:
 - Consult with local public health officials, hospitals, nursing homes and other health/medical facilities as appropriate to determine the magnitude and extent of the public/health/medical problems associated with a catastrophic disaster and assist local public health officials in developing appropriate strategies to address such problems.
 - Define the types and amounts of public health and medical assistance required by public and private health/medical organizations, developing specific requests for assistance under ESF-8, including medical personnel, equipment, and supplies.
 - The LHD determines assistance needed to move patients to definitive care facilities that are part of the National Disaster Medical System (NDMS) network (e.g., hospitals, clinics, Skilled Nursing Facilities, Long-Term Care Facilities) and other medical provider partners.
 - Contributes staff to the pool of EMS/PHPR Duty Officers, who monitors the hospital system capacity and surge in accordance with the Hospital Capacity Plan.
 - Provides ongoing field assessments in conjunction with state and federal officials as available; and possibly deploying DRAT to identify public health, medical and/or AFN issues.

COMMUNICABLE DISEASE BRANCHES: EPIDEMIOLOGY AND IMMUNIZATION SERVICES BRANCH)/HIV, HEPATITIS, AND SEXUALLY TRANSMITTED DISEASE BRANCH/AND TUBERCULOSIS AND REFUGEE HEALTH BRANCH

- Receive and register reports of legally reportable communicable diseases and conditions.
- Conduct epidemiologic surveillance to identify potential events and outbreaks of public health concern. Investigates reports of suspected communicable diseases, conditions and outbreaks.
- Conduct disease investigations of possible contacts associated with an infected case.
- Conduct routine identification and monitoring of indicators which are associated with increased health care services utilization and impact.

-
- Monitor syndromic surveillance indicators of disease activity among emergency departments and 911 call centers and similar data sources.
 - Collect and utilizes multiple, cross-referenced sources of communicable disease information, such as reportable diseases, Public health Laboratory results, electronic laboratory reporting, Center for Disease Control and Prevention (CDC) PulseNet, San Diego Immunization Registry (SDIR) and other similar sources.
 - Coordinate with HHSA and other County departments and our health care, medical, and community partners to investigate suspected disease reports, to conduct surveillance and monitor disease trends, and to prevent or reduce disease transmission by providing alerts, education and assistance to implement guidelines and recommendations.
 - Manage vaccine supply and influenza vaccine distribution and coordinates with CDPH to obtain and distribute 317-funded outbreak vaccines.
 - Provide immunizations as required.
 - Provide PIOs with communicable disease information and statistics to be disseminated to the public. Determines when special control measures (i.e., quarantine or prophylactic treatment) should be instituted based on epidemiological findings.
 - In collaboration with DEH and the Public Health Laboratory, work toward restoration of normal water supply and environmental control and surety measures.
 - Increase level of surveillance activity and situational awareness monitoring as necessary. Disseminates information vital to the prompt recognition and control of disease transmission, including CAHAN releases to health care professionals.
 - Initiate accessible public messaging in collaboration with Health Officer, as to risk-reducing behaviors to the media and public via the County Communications Office. (see **Annex L – Emergency Public Info**)

OFFICE OF BORDER HEALTH

- Facilitates communication with Tijuana (e.g., disseminating key messages, connecting public health leadership).
- Facilitates communication to non-English speaking communities, as part of the Partner Relay network.

PUBLIC HEALTH LABORATORY

- Performs microbiological testing of human specimens as needed for disease control and support of clinics and hospitals. Coordinates referral of specimens as required by the Laboratory Response Network operational plan.
- Conducts environmental testing to ensure the safety of surface, ground and recreational water in the event of sewage spills.
- Performs microbiological testing of food and water supplies as needed to ensure their safety.
- Provides guidance and referral in microbiological testing of the environment as needed.

-
- Provides public health surveillance and assessment support.
 - Submits data to information exchanges and monitoring systems including PulseNet, Calicinet, CalREDIE and WebCMR.
 - Performs appropriate testing to identify animal to human disease exposure.
 - Serves as a reference lab as part of the Laboratory Response Network and BioWatch.

HHSA NURSING ADMINISTRATION

- Chief Nursing Officer (or a PHS or MCS designee) may coordinate the activation of public health nurses from the HHSA regions and PHS branches, during a public health emergency/disaster response and during the recovery period.
- Provides outreach, teaching, and/or provide mass immunization/prophylaxis to the community at large (when directed by the PHO or designee).
- Assists with environmental and disease control measures when requested.
- Assists with assessment of community health status.
- Conduct communicable disease investigations.
- Provides assistance, including accommodations if necessary, to vulnerable risk groups as designated by the PHO or designee.
- Triage injured or ill individuals arriving at shelters to appropriate level of care (See **Annex G – Care and Shelter**).
- In limited circumstances, assists in providing staffing at Field Treatment Sites (FTS) and First Aid Stations (FAS) or other mass care operations, as requested (See Annex-D: Mass-Casualty Incident Plan). For planning purposes, their role at the sites should normally be limited to public and preventive health activities.
- The needs of the Regional Public Health Centers and/or Public Health Nurses, as communicated by the Regional Directors, will be communicated to the MOC during the response phase of an incident or the HHSA DOC during recovery by the Chief Nursing Officer.

PUBLIC HEALTH CENTERS

Throughout the OA, there are six Public Health Centers: Central Region, East Region, North Inland Region, North Central Region, North Coastal Region, and South Region. In addition to the six Public Health Centers, there is a Vaccine Immunization Program (VIP) Clinic. These sites may be opened during an emergency/disaster, depending on the location and nature of the emergency and the availability of personnel and resources. Public Health Centers may be the primary assembly point for Public Health personnel during an emergency/disaster. If an office, clinic, or a Public Health Center is destroyed or inaccessible, staff members will move to an alternate location as designated in the COOP, assuming it is safe to do so. Emergency public health activities will be coordinated, and priorities set under the direction of the PHO, the Chief Nursing Officer, or their designees.

DEPARTMENT OF ENVIRONMENTAL HEALTH – DEPARTMENT OPERATIONS CENTER

The DEH maintains and staffs a DOC which activates in conjunction with the OA EOC and the HHSA MOC during emergency response, and recovery efforts. The DEH also staffs positions at the OA EOC to further coordinate response and recovery efforts.

DEPARTMENT OF ENVIRONMENTAL HEALTH

- Food and Housing Division (FHD) conducts retail food facility inspections for compliance with sanitation and food handling practices to reduce risk for foodborne illness. The division is also responsible for inspecting public swimming pools to ensure they meet standards for safe water quality, filtration and circulation systems, safety equipment, and enclosures. Food and Housing personnel also inspect body art facilities, as well as apartments, hotels and motels, camps and detention facilities. FHD responds to public health threats and environmental hazards associated with these regulated facilities, including fires, emergency/disaster shelters, foodborne illness investigations, food recalls, sampling of food associated with illness, outbreak or recall, removal of ill food handlers, and boil water orders, in the interest of promoting safe communities.
- Land and Water Quality Division protects public health and drinking water supplies through the inspection of small drinking water systems, ensuring that water supplies are properly tested, protected from cross connections with recycled water systems, and that water wells and groundwater supplies in the unincorporated county are protected from private sewage disposal systems. This division tests the water of local beaches and bays and notifies residents and visitors when recreational water quality does not meet State health standards. It also manages the household hazardous waste program that facilitates the collection of household hazardous materials in the unincorporated county and acts as the solid waste local enforcement agency that regulates landfills and composting facilities.
- Community Health Division operates the vector control program for preventing vector borne diseases such as West Nile virus, Zika, Hantavirus, tularemia, and others. It also coordinates the county asbestos and lead abatement and radiological health programs.
- Hazardous Material Division (HMD) regulates local facilities to ensure that hazardous materials, hazardous and medical wastes, are reported, stored and properly disposed. The HMD Hazardous Incident Response Team (HIRT) responds to chemical, biological and radiological spills and works with various other agencies in cleanup operations. HMD maintains an electronic database of permitted facilities storing hazardous materials and waste. The information in the database can provide chemical information to public health staff and the EOC when necessary. The HIRT team also responds to other environmental health issues during disasters involving food and water protection, sewage, shelter assessments, solid waste debris, vectors, etc. HIRT receives real time chemical spill reports from the State of California, Office

of Emergency Services, Spill Warning Center (Sacramento) for the entire County when spills are reported to the State. HIRT evaluates the spill reports and contacts the reporting party and fire departments as necessary.

- The HIRT provides readiness, response, and recovery planning, training, and active response in support of HHSA. Such programs include: BioWatch, US Post Office Bio Detection System response, Regional Mass Decontamination Unit training and readiness, and state Mutual Aid Response thru MHOAC requests.

COUNTY COMMUNICATIONS OFFICE

- PIO prepares Public Health Advisories for broadcast during an emergency/disaster.
- PHO works closely with the JIC staff and other County department subject matter experts (e.g., air pollution control) to prepare and release all health-related press releases or public health advisories.

COUNTY OF SAN DIEGO OFFICE OF EMERGENCY SERVICES

- Assists with public health emergency/disaster planning and training.
- Coordinates efforts to obtain resources both in the OA and outside of the OA, including supplies and logistical support.
- Coordinates with the MHOAC to procure, track, and coordinate delivery of functional needs support services (FNSS). Track and share requests via WebEOC.

OTHER SUPPORT AGENCY/ORGANIZATIONS

Local “support organizations” that provide support functions include, but are not limited to:

- **Access and Functional Needs (AFN) work group** – The purpose of the Access & Functional Needs Working Group is to ensure emergency planning efforts in San Diego County reflect the unique needs of our whole community. This group works to identify the needs of individuals with disabilities and other access and functional needs before, during and after disaster strikes and takes steps to ensure that needs and resources are integrated into emergency management systems.
- **Amateur Radio Emergency Service (ARES)** – are amateur radio (ham) organizations that provide back-up/redundant communications support to OA EOC, EMS/ Public Health DOC (MOC) and hospitals.
- **Ambulance Agencies** – provide victim triage, treatment and transportation.
- **Ambulance Association (Private)** – coordinates private ambulance resources through the County Ambulance Coordinator who, during activation, is stationed in the EMS / Public Health DOC (MOC).
- **American Red Cross (ARC) San Diego/Imperial Counties Chapter** – provides personnel and structure for First Aid Stations and general population shelters.
- **Clinical Disaster Service Workers (CDSW)/Medical Reserve Corps (MRC)** – are a variety of medical, veterinary and associated health provider volunteers registered

through State Disaster Health Volunteer (DHV) network and members of the local MRC managed by Public Health Services/PHPR.

- **Hospital Association and San Diego and Imperial Counties** – assists in coordination between regional hospitals.
- **Hospitals** – provide definitive medical care, subject matter expertise, and field treatment teams for catastrophic events. This includes base hospitals that coordinate medical communications between field and hospitals for medical control, and with EMS / Public Health for hospital operational status, bed counts and bed availability.
- **San Diego County Medical Society** – assists in notification of and recruitment volunteer physicians.
- **San Diego Health Care Disaster Coalition (SDHDC)** – Provides coordination among healthcare coalition partners.
- **Volunteer Organizations Active in Disaster (VOAD)** – Organizations that mitigate and alleviate the impact of disasters, provides a forum promoting cooperation, communication, coordination and collaboration; and fosters more effective delivery of services to communities affected by disaster.

STATE GOVERNMENT

State government provides support to the various jurisdictions throughout California. Cal OES administers numerous programs that support its stakeholders, protects the communities, and helps create a more resilient state.

- Responds to requests for resources, such as personnel or vaccines from the OA EOC
- Coordinates medical mutual aid within the State
- Assists the OA in recovery efforts
- Coordinates and maintains directory of medical personnel statewide, through the DHV Program

STATE RESPONSIBILITIES

- The Health Officer of CDPH has the overall responsibility for coordinating statewide emergency/disaster public health operations and support.

STATE AGENCIES

- The following state agencies have varied capabilities and responsibilities for providing support to public health emergency/disaster operations:



CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

The State Health Officer or designee is primarily responsible for the administration and coordination of a statewide emergency/disaster public health program. This includes coordinating, supervising, and assisting those essential services required to:

-
- Prevent and control communicable disease through the management, procurement, and distribution of vaccines.
 - Provide technical assistance in the safe operation of sewage collection, treatment, and disposal systems.
 - Assure prevention and control of vectors, including flies, mosquitoes, and rodents.
 - Assure observance of health aspects in management of solid waste disposal, including proper disposal of dead animals and human remains.
 - Assure safe management of hazardous wastes, including handling, transportation, and disposal.
 - Ensure safety of emergency supplies of food, drugs, medical devices, and other products.
 - Ensure rapid restoration or replacement of facilities for processing, storing, and distributing food, drugs, medical devices, cosmetics, and other products.
 - Rapidly establish measures to mitigate damage to public health from radiological accidents, including safety criteria for recovery, re-occupancy, and rehabilitation of contaminated areas.
 - Provide support to the California Air Resources Board in carrying out the public health aspects of the California Air Pollution Emergency Plan.

DEPARTMENT OF FOOD AND AGRICULTURE

- Administers programs for the control and eradication of diseases, pests or chemicals affecting animals, poultry or crops.
- Provides information on the protection of human and animal food from contamination by harmful residues or chemicals.
- Provides entomological and veterinary assistance in support of emergency operations.

AIR RESOURCES BOARD

- Develops plans to prevent substantial endangerment to the health of persons by anticipating and preventing or abating air pollution emergencies.
- Coordinates execution of air pollution emergency plans with Operational Areas and Regional Air Pollution Control Districts, California Office of Emergency Services (Cal-OES), and other public agencies.
- Coordinates the monitoring of air quality and issues bulletins consistent with public safety, as required by the California Department of Health Care Services.

STATE WATER RESOURCES CONTROL BOARD

- Assures availability of safe drinking water.
- Assures safe operation of sewage collection, treatment, and disposal systems; and provides water quality advice and support in emergency operations.

DEPARTMENT OF RESOURCES, RECYCLING AND RECOVERY (CALRECYCLE)

-
- Responsible for the proper handling and disposal of non-hazardous solid wastes and disaster debris.

CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY (CAL-MAT)

- CAL-MATs form an integral part of EMSA's Mobile Medical Assets (MMA) Program. Modeled after the successful federal DMAT program, California Medical Assistance Teams (CAL-MATs) are a group of highly trained medical professionals and other specialists organized and coordinated by the State Emergency Medical Services Authority (EMSA) for rapid field medical response in disaster.

FEDERAL GOVERNMENT

- As shortfalls occur in State resources, Federal agencies make their resources available, upon request coordinated by the U.S. Department of Homeland Security (DHS) or requested through the CDC.
- In a major disaster, the NDMS may be activated, and patients from this OA may be sent to other counties and states for treatment.
- State California Medical Assistance Teams (Cal-MAT), along with Federal Disaster Medical Assistance Teams (DMAT), may be activated through the NDMS and ESF-8 (federal and state), via request to the State of California EMSA, CDPH, or Cal OES.
 - A DMAT can perform the following:
 - Field Treatment Site(s) (FTS)
 - Regional Evacuation Points (REP)
 - Patient Reception Points (PRP), when the hospital bed component of NDMS is activated
 - Hospital staff relief or augmentation
 - Shelter care
 - Mass prophylaxis
- Other response assistance teams available from the NDMS are:
 - **DMORT** – Disaster Mortuary Operational Response Team
 - **NVRT** – National Veterinary Response Team
 - **Mental Health Specialty Teams** – for large scale Critical Incident Stress Debriefing
 - **TCCT** – Trauma and Critical Care Teams
 - **VICT** – Victim Information Center Teams
- Military – may provide supplies, equipment, personnel and air-sea lift logistical supports and technical advisory assistance as authorized and available through Immediate Response Authority/Defense Support of Civil Authorities.

FEDERAL RESPONSIBILITIES

Federal agencies operating under their own statutory authority may render direct assistance; however, following a Presidential Declaration, the Department of Homeland Security (DHS), through the Federal Emergency Management Agency (FEMA), has the responsibility to coordinate the federal response system supporting emergency medical needs resulting from disasters.

FEDERAL AGENCIES

The following federal agencies have varied capabilities and responsibilities for providing support to public health emergency/disaster operations:

FEDERAL EMERGENCY MANAGEMENT AGENCY

FEMA is supported by the Sixth U.S. Army Headquarters, the Department of Homeland Security (DHS), the U.S. Department of Health and Human Services (HHS), and the Department of Defense (DoD). The National Response Framework is built on over 20 years of Federal response, streamlined guidance, and integrated lessons learned from Hurricane Katrina and other incidents. All levels of government, the private sector, and non-governmental organizations are integrated into a common incident management framework and align with NIMS. The Framework includes 15 Emergency Support Function Annexes. Many state governments, including California, organize response resources and capabilities under the ESF construct.

The Emergency Support Function (ESF-8) – Public Health and Medical Services (i.e., Annex E) provides the mechanism for coordinated Federal assistance to supplement state, tribal, and local resources in response to public health and medical disasters, potential or actual incidents requiring a coordinated Federal response, and/or during a developing potential health and medical emergency. Public Health and Medical Services include responding to medical needs associated with mental health, behavioral health, and substance abuse considerations of incident victims and response workers. Services also cover the medical needs of members of the “at risk” or “Access and Functional Needs” (AFN) population, described in the Pandemic and All-Hazards Preparedness Act and in the National Response Framework (NRF) Glossary, respectively. It includes a population whose members may have medical and other functional needs before, during, and after an incident.

ESF-8 provides supplemental assistance to State, tribal, and local governments in the following core functional areas:

- Agriculture safety and security
- All-hazard public health and medical consultation, technical assistance, and support
- Assessment of public health/medical needs
- Behavioral health care
- Blood and blood products
- Food safety and security
- Health/medical/veterinary equipment and supplies
- Health surveillance
- Mass fatality management, victim identification, and decontaminating remains

- Medical care personnel
- Patient care
- Patient evacuation
- Potable water/wastewater and solid waste disposal
- Public health and medical information
- Safety and security of drugs, biologics, and medical devices
- Vector control
- Veterinary medical support

DEPARTMENT OF HEALTH AND HUMAN SERVICES

The Department of Health and Human Services (DHHS), which includes the CDC, and in collaboration with FEMA, has the primary federal responsibility for activities associated with health hazards resulting from emergencies. DHHS is responsible to:

- Assist state and local communities in taking protective and remedial measures for ensuring sanitary food and potable water supplies; adequate sanitary systems; rodent, insect, and pest control; care of sick and injured; and control of communicable disease.
- Assign professional and technical personnel to augment state and local forces.

FOOD AND DRUG ADMINISTRATION

Guides state and local governments in establishing public health controls including decontamination or condemnation of contaminated food and drugs.

DIRECTION, CONTROL, OR COORDINATION



Photo by Sean M. Haffey for San Diego Union

For the purposes of the OA EOP and this annex, public health emergency/disaster events are those incidents that may pose a threat of disease or loss of optimum health to the residents and visitors of San Diego County. Public Health Services serves as the unifying public health entity for the OA. When the Governor proclaims a “State of Emergency”, or when the Region EOC (REOC) is activated to coordinate items on a statewide level, the State Emergency Operations Center (SOC) is activated. The SOC

includes State agency representatives from California OES, Emergency Medical Services Authority (EMSA) and CDPH.

In a public health emergency, the CDPH will activate their Medical Health Coordination Center (MHCC) to coordinate public health operations.

County of San Diego HHSA may increase staffing levels based on extent of the threat and/or impact of the public health emergency or disaster.

The EMS / Public Health DOC (MOC) is the focal point of command and control, communications, response operations, specialized technologies, information collection,

assessment, analysis and dissemination for HHSA components under non-emergency and emergency conditions to support a common operating picture.

THE PHO FOR THE COUNTY IS A MEMBER OF THE OA EOC POLICY GROUP AND IS THE PUBLIC HEALTH EXECUTIVE FOR PHS AND EXERCISES ASSOCIATED STATUTORY RESPONSIBILITIES UNDER STATE AND FEDERAL LAW.

The PHO is required to observe and enforce orders and ordinances from local governing bodies pertaining to public health and sanitary matters. Orders may include quarantine/isolation and other statutes and regulations prescribed by the department, as well as statutes relating to public health ([Health & Safety Code § 101030](#), [101470](#)). Upon the finding of the PHO that a public health emergency exists, a local health emergency may be declared by the PHO ([Health & Safety Code § 101080](#)). The County Board of Supervisors may proclaim a local emergency, officially referred to as a Local Emergency Proclamation.

PLAN ACTIVATION AND TERMINATION

Typically, activation and termination of Annex E will be by the PHO, or designated representative, though there are circumstances in which others could also activate the annex. Activation and termination of this annex shall be by the direction of one of the following:

- PHO or designated representative; or
- PHPR Chief or designated representative; or
- EMS Chief Administrator, or designated representative; or
- Director, OES or designated representative; or
- County Chief Administrative Officer (CAO) in that capacity, or as Director/Coordinator of Emergency Services; or
- Designated Deputy CAO.

Upon activation, the PHO determines the extent of public health services needed for the emergency or disaster and notifies the appropriate departments, divisions, and agencies. A command structure will be utilized following NIMS that helps facilitate the affected agencies' ability to recognize and expediently implement their duties, with the County maintaining overall authority for a public health incident. Furthermore, a recommendation may be made that a policy group of County and regional executive leadership from affected jurisdictions will convene regularly during the activation.

Activation of this annex shall be declared under the following conditions:

- **When an activation of the OA EOC or independent activation of the MOC is called.** Depending on the public health impact of the emergency/disaster, Annex-E may be activated at emergency Levels I (highest severity – full activation), Level II (moderate severity – specific sections) or Level III (lowest severity – PH staff and EMS/PHPR duty officers monitoring the situation), as described in the EOP Basic Plan and/or below.

- **An event is imminent, or has occurred**, in a populated area such that extensive casualties are inevitable (e.g., structure collapse, major transportation emergency, hazardous materials release, infectious/communicable diseases outbreak).
- **Notification from cognizant authority that a significant number of casualties from outside the OA are expected** to be brought into the OA via the State Mutual Aid System or the NDMS (e.g., casualties from domestic or international war, mass casualty incidents).

The need to activate a public health response for a communicable disease and/or terrorism-related incident may be recognized following unusual disease reports from the medical community, laboratories, and hospitals. Based on surveillance, a decision to activate the MOC, after which the MOC Director would contact the OES Staff Duty Officer (SDO) to request activation of the OA EOC, if the situation requires resources beyond HHSA's capabilities.



The PHO may declare a local health emergency. The County Chief Administrative Officer (CAO), according to [County Code Sec 31.103](#), shall be the County of San Diego Director of Emergency Services ("Director") and shall be responsible for the operational response to an emergency in the unincorporated area. In the event the CAO is unavailable to serve as Director of Emergency Services, the person(s) designated as the CAO's successor as Director of Emergency Services are, in order of succession, the Assistant Chief Administrative Officer (ACAO), the Deputy Chief Administrative Officer of the Public Safety Group (DCAO-PSG), and the Director of the OES. Note that the Director of Emergency Services plays a different role than the OES Director who is typically the EOC Director.

THE DIRECTOR OF EMERGENCY SERVICES IS AUTHORIZED TO:

- (A) Control and direct the efforts of the emergency services organization of the unincorporated area and to implement the County of San Diego Operational Area Emergency Plan.
- (B) Request the Board proclaim the existence or threatened existence of a countywide local emergency if the Board is in session or proclaim a local emergency if the Board is not in session, subject to ratification by the Board within seven days.

Termination of Annex-E occurs when the PHO, in consultation with the County CAO, Deputy CAO, Director of OES, the Chief of PHPR, or their designees, determine that the situation has stabilized, and emergency/disaster public health operations are no longer required.

INFORMATION COLLECTION AND DISSEMINATION

Healthcare providers (e.g., hospitals, emergency departments, clinics) are expected to utilize the available OA EOC communication capabilities (e.g., WebEOC) to communicate with agencies within the county. Hospitals report facility structural damage, operational status, bed availability and resource needs through EMS/ Public Health DOC (MOC). State agencies may require situational updates.

Sharing appropriate situational information early and throughout an incident will assist with emergency management operations. Achieving a common operating picture allows on-scene response personnel and entities involved in support and coordination, including the operation centers, to share common situational information. Data collection and dissemination are based on existing policies and procedures used in daily operations.

The Health and Medical Situational Report (SitRep) is prepared by either the EMS Duty Officer, Medical Health Operational Area Coordinator (MHOAC), EMS/ Public Health DOC (MOC) or Health Medical Branch of the OA EOC, in accordance with the [California Public Health and Medical Emergency Operations Manual \(EOM\)](#). The SitRep information is shared with relevant state partners, including CDPH, Emergency Medical Services Authority, and the Region VI Regional Disaster Medical/Health Coordinators or RDMHCs.

Epidemiological and Public Health Laboratory surveillance and findings are gathered and disseminated to local and state agencies, healthcare providers, schools and general public, to include identified populations with access and functional needs.

Public communications are developed and generated by County Communications Office and OA EOC under the direction of the PHO and/or the OA EOC Policy Group.

COMMUNICATIONS

Inter-jurisdictional and inter-agency coordination will be conducted through the Incident Command Posts, OA EOC, County of San Diego HHSA DOC, EMS/ Public Health DOC (MOC), and jurisdictional EOC's utilizing available communication equipment and infrastructure (e.g., WebEOC).

Situational awareness will be supported through data-sharing systems to expedite the transfer of information regarding the status of the incident and provider operational capacities to meet demands of the event. Activation, coordination and use of the JIC will be initiated as soon as possible following an incident.

The OA EOC JIC will function to coordinate information to the media for public consumption. Information released to the public regarding the incident will be cleared by the EOC Director and the Public Health Officer.

Communication efforts will follow the protocols established under the San Diego Urban Area Tactical Interoperable Communications Plan, and Annex I: Communications and Warning Systems.

The San Diego & Imperial County Regional Communication System (RCS) is the primary OA radio system (800 MHz radio) for coordinating the emergency response to an

emergency/disaster. The RCS is overseen by the San Diego Sheriff's Department Wireless Communications Services.

There are currently six county Regional Public Health Centers in the OA, as mentioned above, which are part of the enhanced RCS. RCS allows for direct communications between Public Health Centers, the HHSA DOC, EMS/PH DOC (MOC) and the OA EOC.

TALK-GROUPS

County agencies have been assigned their own talk groups. Mutual aid talk groups provide the ability for various agencies to talk to each other (See Annex I – Communications).

BACK-UP COMMUNICATIONS

- Telephones, satellite phones, faxes, and wireless systems will be utilized when available.
- Amateur radio operators may be called upon for back-up communications at hospitals, clinics, shelters, blood banks, field treatment sites, ARC Service Centers, the OA EOC, EMS/PH DOC (MOC) and HHSA DOC, if necessary. For more information on amateur radio operations capabilities see the San Diego County Mutual Aid Radio Plan or Annex I – Communications and Warning Systems.

RESPONSE ALERT AND NOTIFICATION

- Hospitals, non-hospital healthcare community members and other community-based organizations (CBOs) will be notified, as needed, regarding the magnitude of the incident and the required response by utilizing the most appropriate and accessible communications methods. Notification will be made via a mass notification system by the EMS/PH Duty Officer or EMS/ PH DOC in an accessible format.

LOGISTICS

HHSA and PHS Administration activate the HHSA DOC and oversee PHS in general. Many of the HHSA services are implemented by private contractors who, by disaster clauses in their contracts, are expected to maintain essential services during and after a disaster. HHSA DOC manages PHS financials and manages resource requests as appropriate for recovery; if unable to meet needs, the HHSA DOC may make resource requests through the OA EOC Logistics Section.

Healthcare providers communicate and submit resource requests through the EMS DOC (MOC). The EMS/PH DOC (MOC) Logistics Section may coordinate fulfillment of healthcare requests from existing caches or from OA EOC Logistics. The OA EOC Logistics Section may delegate logistical coordination to the EMS/PH DOC (MOC).

The Strategic National Stockpile (SNS) Coordinator, through the EMS/PH DOC (MOC), may be responsible for mass population prophylaxis. The Cities Readiness Initiative (CRI) program works in tandem with the infectious disease detection system by preparing to provide prophylaxis to the total residential and visitor population. Agreements with trucking companies, businesses, private organizations, and public agencies exist to support the distribution of medical countermeasures.

ANNEX DEVELOPMENT AND MAINTENANCE

This annex is a product of the San Diego County Operational Area Emergency Operations Plan (OA EOP). As such, the policies, procedures, and practices outlined in the OA EOP govern this annex. OES coordinates the maintenance and updates of this annex every four years, in accordance with the maintenance schedule established for the OA EOP. Record of changes, approval, and dissemination of the OA EOP will also apply to this annex.

Updates to this annex can be made before such time for multiple reasons, including, but not limited to, changes in policy/procedure, improvements and recommendations based on real life events or exercises, etc. Recommended changes should be submitted to OES at oes@sdcounty.ca.gov

Maintenance of this annex is the responsibility of OES and PHS. In addition to the aforementioned maintenance schedule, this annex will be reviewed every four (4) years by PHS. The Public Health Operations Annex (Annex-E) revision is approved by the PHO, or designee, and forwarded to OES for inclusion with the OA EOP.

AUTHORITIES AND REFERENCES

In 2006, the CDPH within the California Health and Human Services Agency, was created. There are 61 local health jurisdictions in California comprised of 58 counties and three cities (Berkeley, Long Beach, and Pasadena).

The authority to enforce Health Officer Orders is derived from the police powers of the state, county or city. [Article XI, Section 7](#) of the California Constitution provides that: “A county or city may make and enforce within its limits local, police, sanitary, and other ordinances and regulations not in conflict with general laws” (Health and Safety Code-H&S [§101025](#) and [§101450](#)). Public Health Officers must enforce and observe orders and ordinances of the Board of Supervisors or the City Council, (H&S [§101030](#), [§101470](#)) as applicable, CDPH orders (H&S [§120195](#)), and state statutes and regulations relating to public health ([C.C.R. §2501](#)).

The legal basis for the enforcement of Health Officer orders derives from the Health Officer’s duty to uphold and enforce statutes, regulations, local ordinances and CDPH orders.(H&S [§101375](#), [§101400](#), and [§101405](#)) Additional enforcement authority is contained in statutes that expressly mandate compliance with specified Health Officer orders.(H&S [§120220](#) and [§121365](#)). The *“Health Officer Practice Guide for Communicable Disease Control in California,” last published on 6/7/2013 by Public Health Law Work Group provides additional references.*

In order to understand the authorities and responsibilities that arise during emergencies or disasters, it is necessary to understand the basic authorities that apply in day-to-day public health operations. These references include:

- County Board of Supervisors appoints a Public Health Officer (HSC-Health and Safety Code- §101000).
- HSC § 101025 Preservation and protection of public health.
- HSC § 101030 Enforcement duties.

- HSC § 101375 Consent of city; enforcement duties of county health officer.
- HSC § 101400 Contracts for county performance of city health functions.
- HSC § 101405 Powers of county health officers in city.
- HSC [§ 101415](#) Contract for city performance of county health functions.
- HSC § 101450 Duties of governing body of city.

HSC [§ 101460](#) Health Officer Appointment. “Every governing body of a city shall appoint a health officer, except when the city has made other arrangements as specified in this code, for the county to exercise the same powers and duties within the city, as are conferred upon city health officers by law.”

- There are three conditions of emergency defined in the Emergency Services Act, “state of war emergency,” “state of emergency,” and “local emergency” defined in California Government Code (GC) [§ 8558](#) Degrees of emergency.
- When the County Board of Supervisors proclaims a local emergency, the proclamation does apply to cities within the geographic borders of the County.
- GC [§ 8630](#) Proclamation by local governing body. “When the county has declared the local emergency, based upon conditions which include both incorporated and unincorporated territory of the county, it is not necessary for the cities to also declare the existence of a local emergency independently.”
- GC § 8630(b) Proclamation by local governing body: the local health officer may proclaim a local emergency, if specifically designated to do so by ordinance adopted by the governing body of the jurisdiction.
- A “local emergency” as defined by GC [§ 8558](#)(c), includes such health-related conditions as air pollution, epidemic, and plant or animal infestation or disease. A “local emergency” may also be proclaimed upon the existence of “other conditions.”
- GC [§ 8625](#) State of Emergency Proclamation by Governor.
- GC § 8625(b) The Public Health Officer may not request that the Governor proclaim a “State of Emergency.” Only the Mayor or chief executive of the affected city, or the chairman of the county board of supervisors, or county administrative officer may request that the Governor proclaim a “State of Emergency.”
- HSC [§ 101040](#) Authority to take preventive measures during emergency.
- HSC [§ 101080](#) Declaration of health emergency; conditions; duration; review: The term “health emergency” is narrowly defined in HSC § 101080 as a spill or release of hazardous waste or medical waste, as described in [§ 101075](#) that is determined by the director (DHS) or local health officer to be an immediate threat to public health or “whenever there is an imminent and proximate threat of the introduction of any contagious, infectious, or communicable disease, chemical agent, non-communicable agent, toxin or radioactive agent.”
- HSC [§101085](#) Health emergencies; powers of health officials.
- HSC [§ 101310](#) Health emergencies. “In the event a health emergency is declared by the board of supervisors in a county, or in the event a county health emergency is declared by the county health officer pursuant to Section 101080, the local health

officer shall have supervision and control over environmental health and sanitation programs and personnel employed by the county during the state of emergency.”

- The “health emergency” that is declared by the board of supervisors in HSC §101310 is a “local emergency,” which has been proclaimed for a health-related reason as defined under GC § 8558(c) pursuant to GC § 8630.
- Section 101310 (originally § 1155.7) was added to the Health and Safety Code in Chapter 1364, Statutes of 1974.

The purpose of the section was to ensure that health officers had field personnel available to respond to an emergency. This became necessary when environmental health programs were granted the authority to form comprehensive environmental health agencies outside of the health department in accordance with § 1155.5 and 1155.6 of this legislation. Section 1155.7 was renumbered to §1158 in 1979 and later amended to include the ability to respond to health emergencies created by a spill or release of hazardous wastes, in Chapter 927, Statutes of 1980.

- Penal Code [§ 409.5](#) provides the local health officer with authority to order an evacuation if there is an immediate menace to the public health from a calamity, such as a flood, storm, fire, earthquake, explosion, accident or other disaster.
- At the federal level, the U.S. Department of Health and Human Services (HHS) provides the framework for its management of public health and medical response to an emergency or disaster. The Assistant Secretary for Preparedness and Response (ASPR) directs and coordinates federal public health and medical assistance provided under ESF-8.

The ASPR coordinates the Federal ESF-8 response through the HHS Emergency Management Group or EMG, which operates from the Secretary’s Operations Center at HHS headquarters in Washington, D.C. The legal authority of the Secretary includes: Legal Authority without declaration of a Public Health Emergency

- Section 319 of the Public Health Services Act, HHS Secretary has broad legal authorities to provide assistance to states and local entities and to conduct studies, to include establishing isolation and quarantine; maintaining Strategic National Stockpile (SNS); activating National Disaster Medical System (NDMS); deploying Medical Reserve Corps (MRC); maintaining safety of food, drugs, biological products and medical devices; and providing temporary assistance to needy families and responding to needs of “at-risk” individuals.
- The Secretary may waive certain requirements for drugs covered by risk evaluation and mitigation strategies or permit the dispensing of medical products intended to prevent, diagnose, or treat a disease or condition caused by such a product described for emergency use. Legal Authority with Declaration of a Public Health Emergency.
- Make grants to State and local agencies.
- Provide awards for expenses & contract.
- Conduct and support investigation into cause, treatment or prevention of specific disease or disorder.

-
- The Medical Health Operational Area Coordinator (MHOAC) program coordinates the functions identified in statute under the Health & Safety Code [§1797.153](#). Within the Mutual Aid Region, the Regional Disaster Medical Health Coordinator (RDMHC) program coordinates the functions identified in Health and Safety Code [§1797.152](#).

ALTERED LEGAL, REGULATORY AND PRACTICE CONSIDERATIONS IN A PUBLIC HEALTH EMERGENCY

- Funding and/or resources during a public health emergency may come from several sources.
- Grant extensions or waive sanctions related to deadlines for data/reports
- Modify practice of telemedicine.
- Allow temporary reassignment of State and local personnel during a public health emergency.
- Adjust Medicare reimbursement for certain Part B Drugs.
- Legal Authority When the President declares a Major Disaster or an Emergency.
 - In addition to regular authorities, HHS Secretary may be authorized or directed to take other actions under the Robert T. Stafford Act or an emergency under the National Emergencies Act.
- Emergency Authority When the President and the HHS Secretary Issue a Declaration.
 - Under section [1135 of the Social Security Act](#), the HHS Secretary may temporarily waive certain Medicare, Medicaid and Children's Health Insurance Program (CHIP) requirements to ensure that sufficient health care items and services are available to meet need of individuals enrolled in Social Security Act programs, to include but not limited to waivers or modifications to:
 - Emergency Medical Treatment and Labor Act (EMTALA) sanctions for direction or reallocation of an individual to another location to receive medical screening or transfer. A waiver is effective only if actions under the waiver do not discriminate on the basis of patient's source of payment or ability to pay.
 - Health Insurance Portability and Accountability Act (HIPAA) sanctions and penalties relating to the following:
 - Obtaining a patient's consent to speak with family members
 - Honoring a patient's request to opt out of the facility directory
 - Distributing a note of privacy practices
 - Honoring the patient's right to request privacy restrictions or confidential communications
 - Following a declaration under section 319 of the Public Health Service (PHS) Act, the Secretary of the Department of Health and Human Services can make grants, provide supplies, equipment, and services; grant extensions or waive sanctions; or access 'no-year' funds appropriated to the Public Health Emergency Fund.

APPENDIX A: PUBLIC HEALTH OPERATIONS EMERGENCY ACTIONS

	Action	Responsibility
<input type="checkbox"/>	Report to the OA EOC. Other designated staff report to EMS/Public Health DOC (MOC) or HHSA DOC.	Public Health Officer and Designated PHS Staff
<input type="checkbox"/>	Issue appropriate public health orders, including orders of quarantine, and protective guidelines, as needed.	Public Health Officer
<input type="checkbox"/>	Consider requesting declaration of Local Health Emergency (if emergency is of a public health nature only).	Public Health Officer
<input type="checkbox"/>	Consider recommending activation of a policy group of County and regional executive leadership from affected jurisdictions.	Public Health Officer
<input type="checkbox"/>	Coordinate health-related activities among local public and private response agencies or groups.	Public Health Services / MCS / EMS
<input type="checkbox"/>	Communicate with local hospitals/clinics to determine surge needs.	Public Health Services / MHOAC / EMS
<input type="checkbox"/>	Coordinate with the County Medical Examiner, on any health-related problems associated with the disposal of the dead.	Public Health Services
<input type="checkbox"/>	Request assistance from the State Mutual Aid Regional Disaster Medical Health Coordinator (RDMHC), as required.	Public Health Services / MHOAC / EMS
<input type="checkbox"/>	Determine potential health hazards and establish standards for control.	Public Health Services
<input type="checkbox"/>	Coordinate a systematic inspection of health hazards in affected areas as needed.	Public Health Services MHOAC / EMS / DEH
<input type="checkbox"/>	Assist in environmental protection activities.	Public Health Services / DEH
<input type="checkbox"/>	Implement preventive health measures, including the control of communicable diseases and other public health threats.	Public Health Services
<input type="checkbox"/>	Provide laboratory testing as needed to prevent environmental, zoonotic or human-to-human disease transmission.	Public Health Laboratory
<input type="checkbox"/>	Conduct appropriate laboratory testing to monitor situation throughout event response.	Public Health Services / Public Health Laboratory

<input type="checkbox"/>	Assist in disease control activities.	Public Health Services / Public Health Nursing
<input type="checkbox"/>	Assist in community health assessment.	Public Health Services / Public Health Nursing
<input type="checkbox"/>	Assist in Field Treatment Sites, and Mass Care Shelters when requested.	Public Health Services / Public Health Nursing
<input type="checkbox"/>	Provide supportive health care at operating Public Health Centers.	Public Health Nursing
<input type="checkbox"/>	Conduct preventive health services, as needed.	Public Health Services / Public Health Nursing